

## Asuris Northwest Health

### 2005 Monthly Rates for Individual Plans

Rate Effective Date 1/1/2005

Plan Name	Smoker/Non-Smoker	First Child	Second + Child	Age Band 0-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Individual PPO 80/50 2004 Plan, \$750 Deductible	Smoker	\$127	\$113	\$157	\$193	\$233	\$300	\$351	\$400	\$476	\$587
	Non-Smoker	\$127	\$113	\$142	\$174	\$206	\$258	\$300	\$343	\$416	\$501
Individual PPO 80/50 2004 Plan, \$1,500 Deductible	Smoker	\$61	\$55	\$70	\$89	\$112	\$137	\$158	\$181	\$217	\$261
	Non-Smoker	\$61	\$55	\$63	\$78	\$94	\$119	\$136	\$158	\$188	\$221

### New Plans Effective 4/1/05

Plan Name	Smoker/Non-Smoker	First Child	Second + Child	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Individual HSA Qualified Preferred Catastrophic Plan \$2,500 Deductible, Individual	Smoker	N/A	N/A	\$74	\$93	\$118	\$144	\$166	\$189	\$228	\$274
	Non-Smoker	N/A	N/A	\$67	\$82	\$98	\$126	\$143	\$166	\$198	\$232
Individual HSA Qualified Preferred Catastrophic Plan \$5,000 Deductible, Family	Smoker	\$51	\$50	\$59	\$74	\$93	\$114	\$133	\$151	\$181	\$218
	Non-Smoker	\$51	\$50	\$53	\$65	\$77	\$99	\$114	\$133	\$157	\$183

## Group Health Cooperative of Puget Sound

### 2005 Monthly Rates for Individual Market Plans New Plans Effective 4/1/2005

Plan Name	Area	Smoker/Non-Smoker	Child	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	65+ (N)	(A&B)	(A)	(B)
Comprehensive \$500 Deductible	Western	Smoker	\$156	\$186	\$186	\$217	\$242	\$256	\$303	\$343	\$416	\$502	\$502	\$264	\$633	\$633
		Non-Smoker	\$156	\$169	\$169	\$197	\$220	\$233	\$275	\$312	\$378	\$456	\$456	\$264	\$633	\$633
	Eastern	Smoker	\$172	\$207	\$207	\$237	\$268	\$282	\$331	\$377	\$459	\$553	\$553	\$264	\$705	\$649
		Non-Smoker	\$172	\$188	\$188	\$215	\$244	\$256	\$301	\$343	\$417	\$503	\$503	\$264	\$705	\$649
	Central	Smoker	\$191	\$227	\$227	\$263	\$297	\$314	\$367	\$417	\$506	\$612	\$612	\$264	\$772	\$649
		Non-Smoker	\$191	\$206	\$206	\$239	\$270	\$285	\$334	\$379	\$460	\$556	\$556	\$264	\$772	\$649
Comprehensive \$1,000 Deductible	Western	Smoker	\$148	\$176	\$176	\$202	\$228	\$241	\$282	\$321	\$392	\$472	\$472	\$264	\$600	\$600
		Non-Smoker	\$148	\$160	\$160	\$184	\$207	\$219	\$256	\$292	\$356	\$429	\$429	\$264	\$600	\$600
	Eastern	Smoker	\$164	\$195	\$195	\$222	\$252	\$267	\$311	\$356	\$430	\$519	\$519	\$264	\$663	\$649
		Non-Smoker	\$164	\$177	\$177	\$202	\$229	\$243	\$283	\$324	\$391	\$472	\$472	\$264	\$663	\$649
	Central	Smoker	\$180	\$215	\$215	\$245	\$278	\$296	\$344	\$393	\$476	\$575	\$575	\$264	\$731	\$649
		Non-Smoker	\$180	\$195	\$195	\$223	\$253	\$269	\$313	\$357	\$433	\$523	\$523	\$264	\$731	\$649
Catastrophic \$1,500 Deductible	Western	Smoker	\$80	\$83	\$85	\$95	\$102	\$120	\$134	\$155	\$190	\$242	\$287	\$166	\$281	\$281
		Non-Smoker	\$80	\$75	\$77	\$86	\$93	\$109	\$122	\$141	\$173	\$220	\$261	\$166	\$281	\$281
	Eastern	Smoker	\$87	\$92	\$94	\$106	\$114	\$134	\$145	\$173	\$209	\$267	\$315	\$166	\$315	\$315
		Non-Smoker	\$87	\$84	\$85	\$96	\$104	\$122	\$132	\$157	\$190	\$243	\$286	\$166	\$315	\$315
	Central	Smoker	\$97	\$101	\$102	\$116	\$124	\$145	\$162	\$190	\$233	\$297	\$349	\$166	\$345	\$345
		Non-Smoker	\$97	\$92	\$93	\$105	\$113	\$132	\$147	\$173	\$212	\$270	\$317	\$166	\$345	\$345
Catastrophic \$2,500 Deductible	Western	Smoker	\$67	\$70	\$72	\$81	\$88	\$100	\$113	\$131	\$157	\$200	\$237	\$166	\$240	\$240
		Non-Smoker	\$67	\$64	\$65	\$74	\$80	\$91	\$103	\$119	\$143	\$182	\$215	\$166	\$240	\$240
	Eastern	Smoker	\$75	\$77	\$80	\$89	\$97	\$111	\$124	\$145	\$173	\$222	\$262	\$166	\$262	\$262
		Non-Smoker	\$75	\$70	\$73	\$81	\$88	\$101	\$113	\$132	\$157	\$202	\$238	\$166	\$262	\$262
	Central	Smoker	\$83	\$85	\$88	\$99	\$108	\$124	\$138	\$161	\$194	\$245	\$289	\$166	\$288	\$288
		Non-Smoker	\$83	\$77	\$80	\$90	\$98	\$113	\$125	\$146	\$176	\$223	\$263	\$166	\$288	\$288
Catastrophic \$5,000 Deductible	Western	Smoker	\$55	\$58	\$58	\$67	\$72	\$83	\$94	\$108	\$129	\$165	\$195	\$166	\$198	\$198
		Non-Smoker	\$55	\$53	\$53	\$61	\$65	\$75	\$85	\$98	\$117	\$150	\$177	\$166	\$198	\$198
	Eastern	Smoker	\$64	\$65	\$68	\$77	\$83	\$95	\$106	\$123	\$147	\$189	\$221	\$166	\$221	\$221
		Non-Smoker	\$64	\$59	\$62	\$70	\$75	\$86	\$96	\$112	\$134	\$172	\$201	\$166	\$221	\$221
	Central	Smoker	\$70	\$73	\$74	\$83	\$92	\$106	\$116	\$136	\$164	\$208	\$245	\$166	\$247	\$247
		Non-Smoker	\$70	\$66	\$67	\$75	\$84	\$96	\$105	\$124	\$149	\$189	\$223	\$166	\$247	\$247

65+(N): 65 and over, not eligible for Medicare  
(A&B): Plan members enrolled in Medicare Parts A and B  
(A): Plan members enrolled in Medicare Part A  
(B): Plan members enrolled in Medicare Part B

## Regence BlueShield of Idaho

### 2005 Monthly Rates for Individual Market Plans

Rate Effective Date 9/1/2005

Plan Name	Smoker/ Nonsmoker	Child/ Children	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60-64	65+ Medicare Secondary	65+ Medicare Primary
Protection Plus \$750 Deductible	Nonsmoking	\$338/Child \$521/Children	\$347	\$403	\$469	\$557	\$649	\$742	\$874	\$996	\$1,260	\$1,260	\$384
	Standard	\$380/Child \$586/Children	\$392	\$454	\$530	\$625	\$730	\$835	\$984	\$1,120	\$1,416	\$1,416	\$435
Protection Plus \$5,000 Deductible	N/A	\$138/Child \$212/Children	\$143	\$164	\$192	\$228	\$265	\$302	\$357	\$408	\$513	\$513	\$158

Regence BlueCross BlueShield of Oregon

2005 Monthly Rates for Individual Market Plans

Rate Effective Date 03/01/2005

Plan Name	Smoker/Non-Smoker	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Blue Selections PPO \$1,000 Deductible	Smoker Individual	\$138	\$147	\$175	\$192	\$267	\$317	\$367	\$442	\$508
	Smoker Married Couple	\$276	\$294	\$350	\$384	\$534	\$634	\$734	\$884	\$1,016
	Smoker 1 Adult & Children	\$213	\$226	\$270	\$296	\$411	\$488	\$565	\$681	\$782
	Smoker Family	\$442	\$470	\$560	\$614	\$801	\$888	\$954	\$1,017	\$1,168
	Non-Smoker Individual	\$124	\$131	\$156	\$171	\$238	\$283	\$328	\$395	\$453
	Non-Smoker Married Couple	\$248	\$262	\$312	\$342	\$476	\$566	\$656	\$790	\$906
	Non-Smoker One Adult & Children	\$191	\$202	\$240	\$263	\$367	\$436	\$505	\$608	\$698
	Non-Smoker Family	\$397	\$419	\$499	\$547	\$714	\$792	\$853	\$909	\$1,042
Blue Selections PPO \$2,500 Deductible	Smoker Individual	\$115	\$122	\$145	\$159	\$221	\$263	\$305	\$367	\$421
	Smoker Married Couple	\$230	\$244	\$290	\$318	\$442	\$526	\$610	\$734	\$842
	Smoker One Adult & Children	\$177	\$188	\$223	\$245	\$340	\$405	\$470	\$565	\$648
	Smoker Family	\$368	\$390	\$464	\$509	\$663	\$736	\$793	\$844	\$968
	Non-Smoker Individual	\$103	\$109	\$130	\$142	\$198	\$235	\$272	\$328	\$376
	Non-Smoker Married Couple	\$206	\$218	\$260	\$284	\$396	\$470	\$544	\$656	\$752
	Non-Smoker One Adult & Children	\$159	\$168	\$200	\$219	\$305	\$362	\$419	\$505	\$579
	Non-Smoker Family	\$330	\$349	\$416	\$454	\$594	\$658	\$707	\$754	\$865
Blue Selections PPO \$5,000 Deductible	Smoker Individual	\$94	\$100	\$119	\$131	\$182	\$216	\$250	\$301	\$346
	Smoker Married Couple	\$188	\$200	\$238	\$262	\$364	\$432	\$500	\$602	\$692
	Smoker One Adult & Children	\$145	\$154	\$183	\$202	\$280	\$333	\$385	\$464	\$533
	Smoker Family	\$301	\$320	\$381	\$419	\$546	\$605	\$650	\$692	\$796
	Non-Smoker Individual	\$84	\$89	\$106	\$116	\$162	\$192	\$222	\$268	\$307
	Non-Smoker Married Couple	\$168	\$178	\$212	\$232	\$324	\$384	\$444	\$536	\$614
	Non-Smoker One Adult & Children	\$129	\$137	\$163	\$179	\$249	\$296	\$342	\$413	\$473
	Non-Smoker Family	\$269	\$285	\$339	\$371	\$486	\$538	\$577	\$616	\$706

Regence BlueCross BlueShield of Oregon

2005 HSA Individual Plan Monthly Rates

Rate Effective Date 03/01/2005

Plan Name	Smoker/Non-Smoker	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
HSA \$1,500 Deductible (\$3,000 for Family)	Smoker Individual	\$122.72	\$129.76	\$154.91	\$170.00	\$236.39	\$280.65	\$324.90	\$391.30	\$449.64
	Smoker Married Couple	\$225.69	\$238.64	\$284.89	\$312.63	\$434.73	\$516.13	\$597.52	\$719.63	\$826.91
	Smoker 1 Adult & Children	\$175.48	\$185.74	\$221.20	\$242.68	\$337.89	\$401.35	\$463.88	\$559.09	\$642.16
	Smoker Family	\$368.53	\$390.26	\$465.85	\$511.21	\$666.18	\$737.99	\$793.74	\$845.72	\$904.68
	Non-Smoker Individual	\$109.65	\$115.68	\$137.80	\$151.89	\$211.24	\$250.47	\$289.70	\$349.05	\$401.35
	Non-Smoker Married Couple	\$201.64	\$212.74	\$253.45	\$279.34	\$388.48	\$460.63	\$532.78	\$641.93	\$738.12
	Non-Smoker One Adult & Children	\$156.80	\$165.21	\$196.94	\$217.47	\$301.48	\$357.48	\$414.41	\$498.42	\$573.09
	Non-Smoker Family	\$329.79	\$347.74	\$413.88	\$456.40	\$595.31	\$658.62	\$707.76	\$754.06	\$867.45
HSA \$2,500 Deductible (\$5,000 for Family)	Smoker Individual	\$106.23	\$112.34	\$134.11	\$147.16	\$204.64	\$242.96	\$281.27	\$338.74	\$389.25
	Smoker Married Couple	\$184.41	\$194.99	\$232.78	\$255.45	\$355.21	\$421.73	\$488.23	\$587.99	\$675.66
	Smoker One Adult & Children	\$131.27	\$138.95	\$165.49	\$181.55	\$252.77	\$300.25	\$347.04	\$418.26	\$480.40
	Smoker Family	\$306.56	\$324.63	\$387.53	\$425.25	\$554.17	\$613.91	\$660.28	\$703.51	\$752.58
	Non-Smoker Individual	\$94.92	\$100.14	\$119.30	\$131.49	\$182.87	\$216.84	\$250.79	\$302.17	\$347.45
	Non-Smoker Married Couple	\$164.76	\$173.83	\$207.08	\$228.24	\$317.43	\$376.38	\$435.33	\$524.51	\$603.11
	Non-Smoker One Adult & Children	\$117.31	\$123.60	\$147.33	\$162.69	\$225.53	\$267.43	\$310.02	\$372.87	\$428.74
	Non-Smoker Family	\$274.33	\$289.26	\$344.29	\$379.66	\$495.21	\$547.88	\$588.75	\$627.27	\$721.60
HSA \$3,500 Deductible (\$7,000 for Family)	Smoker Individual	\$96.68	\$102.22	\$122.03	\$133.91	\$186.21	\$221.08	\$255.94	\$308.24	\$354.20
	Smoker Married Couple	\$161.28	\$170.53	\$203.58	\$223.42	\$310.66	\$368.83	\$427.00	\$514.26	\$590.93
	Smoker One Adult & Children	\$106.43	\$112.66	\$134.18	\$147.20	\$204.94	\$243.44	\$281.37	\$339.12	\$389.51
	Smoker Family	\$270.11	\$286.04	\$341.46	\$374.70	\$488.29	\$540.93	\$581.79	\$619.88	\$663.11
	Non-Smoker Individual	\$86.37	\$91.12	\$108.56	\$119.66	\$166.40	\$197.31	\$228.21	\$274.96	\$316.17
	Non-Smoker Married Couple	\$144.09	\$152.03	\$181.11	\$199.62	\$277.61	\$329.17	\$380.72	\$458.73	\$527.47
	Non-Smoker One Adult & Children	\$95.11	\$100.20	\$119.46	\$131.90	\$182.87	\$216.84	\$251.37	\$302.32	\$347.61
	Non-Smoker Family	\$241.72	\$254.88	\$303.36	\$334.53	\$436.34	\$482.75	\$518.76	\$552.70	\$635.81

**Premera BlueCross Individual Plans**  
**New Individual Replacement Plan Rates**  
**10/1/2005 - 5/31/2006**

Per Adult	Heritage Preferred Plus Contract -014919 (10-2005)		Heritage Preferred Plus Contract -014921 (10-2005)	
	Plus 20		Plus 30	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$271	\$315	\$239	\$278
25-29	\$322	\$357	\$284	\$331
30-34	\$335	\$390	\$296	\$344
35-39	\$375	\$436	\$331	\$385
40-44	\$495	\$575	\$437	\$508
45-49	\$575	\$688	\$508	\$590
50-54	\$660	\$767	\$583	\$678
55-59	\$800	\$930	\$706	\$821
60-64	\$934	\$1,086	\$825	\$959
65+	\$1,001	\$1,164	\$884	\$1,028
Per Child	\$206		\$182	

Per Adult	Heritage Protector Plus Contract - 014927 (10-2005)			
	Deductible \$500		Deductible \$1,000	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$85	\$99	\$71	\$83
25-29	\$101	\$118	\$85	\$99
30-34	\$105	\$122	\$88	\$103
35-39	\$118	\$137	\$99	\$115
40-44	\$156	\$181	\$131	\$152
45-49	\$181	\$210	\$152	\$176
50-54	\$207	\$241	\$174	\$202
55-59	\$251	\$292	\$211	\$245
60-64	\$294	\$341	\$246	\$287
65+	\$315	\$366	\$264	\$307
Per Child	\$65		\$54	

Per Adult	Heritage Value Plus Contract - 014923 (10-2005)					
	Deductible \$2,500		Deductible \$5,000		Deductible \$10,000	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$131	\$152	\$109	\$126	\$72	\$84
25-29	\$156	\$181	\$129	\$150	\$86	\$100
30-34	\$162	\$188	\$134	\$156	\$89	\$104
35-39	\$181	\$211	\$150	\$175	\$100	\$116
40-44	\$239	\$278	\$199	\$231	\$132	\$153
45-49	\$278	\$323	\$231	\$268	\$153	\$178
50-54	\$319	\$371	\$265	\$308	\$176	\$204
55-59	\$386	\$449	\$321	\$373	\$213	\$247
60-64	\$451	\$525	\$375	\$436	\$248	\$289
65+	\$484	\$562	\$402	\$467	\$266	\$310
Per Child	\$99		\$83		\$55	

## Premera Blue Cross

### 2005 Monthly Rates for Individual Market Plans

Effective Dates 6/1/2005 through 9/30/05 (See Individual Replacement Plan Rates Effective 10/1/05)

Plan Name	Smoker/Non-Smoker	Per Child	Age Band 0-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Traditional Option One \$500 Deductible	Smoker	\$218	\$382	\$467	\$499	\$619	\$735	\$892	\$939	\$1,014
	Non-Smoker	\$218	\$333	\$404	\$435	\$538	\$641	\$774	\$818	\$880
Personal Prudent Buyer Option One \$500 Deductible	Smoker	\$206	\$358	\$436	\$469	\$586	\$690	\$836	\$882	\$950
	Non-Smoker	\$206	\$314	\$380	\$407	\$506	\$602	\$727	\$767	\$827
Traditional Option Two \$500 Deductible	Smoker	\$247	\$435	\$527	\$565	\$702	\$834	\$1,013	\$1,066	\$1,148
	Non-Smoker	\$247	\$376	\$456	\$494	\$613	\$727	\$880	\$927	\$1,000
Personal Prudent Buyer Option Two \$500 Deductible	Smoker	\$232	\$404	\$493	\$527	\$654	\$778	\$939	\$989	\$1,067
	Non-Smoker	\$232	\$354	\$428	\$456	\$567	\$675	\$818	\$861	\$930
Traditional Option One \$1,000 Deductible	Smoker	\$201	\$353	\$423	\$455	\$565	\$669	\$810	\$855	\$921
	Non-Smoker	\$201	\$303	\$369	\$396	\$493	\$586	\$704	\$741	\$800
Personal Prudent Buyer Option One \$1,000 Deductible	Smoker	\$187	\$327	\$396	\$421	\$527	\$621	\$753	\$795	\$859
	Non-Smoker	\$187	\$281	\$344	\$369	\$456	\$539	\$654	\$690	\$742
Traditional Option Two \$1,000 Deductible	Smoker	\$224	\$393	\$478	\$510	\$633	\$753	\$909	\$959	\$1,033
	Non-Smoker	\$224	\$341	\$413	\$442	\$551	\$654	\$793	\$834	\$901
Personal Prudent Buyer Option Two \$1,000 Deductible	Smoker	\$208	\$365	\$442	\$478	\$588	\$700	\$848	\$893	\$963
	Non-Smoker	\$208	\$316	\$386	\$413	\$513	\$609	\$735	\$778	\$836
Traditional Catastrophic Option \$2,500 Deductible	Smoker	\$138	\$241	\$292	\$316	\$393	\$467	\$561	\$593	\$641
	Non-Smoker	\$138	\$208	\$256	\$274	\$341	\$404	\$493	\$518	\$559
Personal Prudent Buyer Catastrophic Option \$2,500 Deductible	Smoker	\$126	\$224	\$273	\$292	\$365	\$435	\$522	\$553	\$594
	Non-Smoker	\$126	\$196	\$239	\$255	\$316	\$376	\$455	\$480	\$518
Traditional Catastrophic Option \$5,000 Deductible	Smoker	\$114	\$196	\$239	\$256	\$320	\$380	\$462	\$485	\$522
	Non-Smoker	\$114	\$174	\$208	\$224	\$278	\$328	\$401	\$421	\$455
Personal Prudent Buyer Catastrophic Option \$5,000 Deductible	Smoker	\$107	\$181	\$224	\$239	\$298	\$354	\$428	\$452	\$485
	Non-Smoker	\$107	\$159	\$195	\$208	\$256	\$306	\$371	\$393	\$421
Traditional Catastrophic Option \$10,000 Deductible	Smoker	\$82	\$149	\$180	\$195	\$239	\$285	\$344	\$365	\$393
	Non-Smoker	\$82	\$126	\$154	\$167	\$208	\$247	\$299	\$316	\$341
Personal Prudent Buyer Catastrophic Option \$10,000 Deductible	Smoker	\$80	\$138	\$167	\$180	\$224	\$266	\$325	\$339	\$365
	Non-Smoker	\$80	\$121	\$147	\$154	\$195	\$232	\$281	\$298	\$316

## Lifewise Health Plan of Washington

### 2005 Monthly Rates for Individual Market Plans

Rate Effective Date 10/1/2005 to 12/31/2005

Per Adult	Passport 20			
	\$1,000 Deductible		\$1,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$125	\$145	\$104	\$120
25-29	\$141	\$164	\$116	\$136
30-34	\$163	\$190	\$135	\$157
35-39	\$195	\$227	\$161	\$187
40-44	\$230	\$269	\$190	\$222
45-49	\$288	\$336	\$237	\$277
50-54	\$352	\$411	\$292	\$340
55-59	\$411	\$479	\$340	\$395
60+	\$468	\$543	\$388	\$450
Per Child	\$105		\$86	

Per Adult	Passport 30					
	\$500 Deductible		\$1,000 Deductible		\$1,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$134	\$156	\$109	\$127	\$94	\$110
25-29	\$150	\$175	\$122	\$142	\$107	\$123
30-34	\$174	\$203	\$141	\$164	\$123	\$143
35-39	\$207	\$242	\$168	\$197	\$147	\$171
40-44	\$246	\$287	\$200	\$232	\$174	\$203
45-49	\$306	\$358	\$249	\$291	\$218	\$253
50-54	\$375	\$438	\$305	\$356	\$267	\$311
55-59	\$438	\$510	\$356	\$414	\$311	\$362
60+	\$500	\$582	\$406	\$474	\$352	\$411
Per Child	\$111		\$90		\$78	

Per Adult	Passport 50							
	\$500 Deductible		\$1,000 Deductible		\$1,500 Deductible		\$2,000 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$115	\$134	\$100	\$117	\$84	\$98	\$75	\$87
25-29	\$130	\$151	\$113	\$132	\$94	\$110	\$84	\$98
30-34	\$151	\$175	\$131	\$153	\$110	\$128	\$97	\$114
35-39	\$179	\$209	\$157	\$182	\$131	\$153	\$116	\$136
40-44	\$212	\$247	\$185	\$215	\$155	\$180	\$138	\$160
45-49	\$265	\$308	\$231	\$270	\$193	\$225	\$171	\$201
50-54	\$324	\$379	\$283	\$330	\$236	\$276	\$210	\$246
55-59	\$379	\$441	\$330	\$385	\$276	\$322	\$246	\$287
60+	\$431	\$502	\$375	\$438	\$314	\$367	\$280	\$325
Per Child	\$96		\$84		\$70		\$63	

## Lifewise Health Plan of Washington

### 2005 Monthly Rates for Individual Market Plans

Rate Effective Date 8/1/2005 to 9/30/2005

Per Adult	Passport 20			
	\$1,000 Deductible		\$1,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$120	\$139	\$99	\$115
25-29	\$135	\$157	\$111	\$130
30-34	\$156	\$182	\$129	\$150
35-39	\$186	\$217	\$154	\$179
40-44	\$220	\$257	\$182	\$212
45-49	\$275	\$321	\$227	\$265
50-54	\$337	\$393	\$279	\$325
55-59	\$393	\$458	\$325	\$378
60+	\$449	\$521	\$371	\$431
Per Child	\$100		\$82	

Per Adult	Passport 30					
	\$500 Deductible		\$1,000 Deductible		\$1,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$128	\$149	\$104	\$121	\$90	\$105
25-29	\$143	\$167	\$117	\$136	\$102	\$118
30-34	\$166	\$194	\$135	\$157	\$118	\$137
35-39	\$198	\$231	\$161	\$188	\$141	\$164
40-44	\$235	\$274	\$191	\$222	\$166	\$194
45-49	\$393	\$342	\$238	\$278	\$208	\$242
50-54	\$359	\$419	\$292	\$340	\$255	\$297
55-59	\$419	\$488	\$340	\$396	\$297	\$346
60+	\$478	\$557	\$388	\$453	\$337	\$393
Per Child	\$106		\$86		\$75	

Per Adult	Passport 50							
	\$500 Deductible		\$1,000 Deductible		\$1,500 Deductible		\$2,000 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$110	\$128	\$96	\$112	\$80	\$94	\$72	\$83
25-29	\$124	\$144	\$108	\$126	\$90	\$105	\$80	\$94
30-34	\$144	\$167	\$125	\$146	\$105	\$122	\$93	\$109
35-39	\$171	\$200	\$150	\$174	\$125	\$146	\$111	\$130
40-44	\$203	\$236	\$177	\$206	\$148	\$172	\$132	\$153
45-49	\$253	\$295	\$221	\$258	\$185	\$215	\$164	\$192
50-54	\$310	\$362	\$271	\$316	\$226	\$264	\$201	\$235
55-59	\$362	\$422	\$316	\$368	\$264	\$308	\$235	\$274
60+	\$412	\$480	\$360	\$420	\$300	\$351	\$268	\$311
Per Child	\$92		\$80		\$67		\$60	

## Lifewise Health Plan of Washington

### 2005 Monthly Rates for Individual Market Plans

Rate Effective Date 10/1/2005 to 12/31/2005

Per Adult	HSA Individual				HSA Plus Individual	
	\$1,700 Deductible		\$2,500 Deductible		\$1,250 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$92	\$107	\$75	\$88	\$127	\$146
25-29	\$104	\$120	\$85	\$99	\$142	\$165
30-34	\$120	\$140	\$98	\$115	\$164	\$191
35-39	\$143	\$166	\$117	\$137	\$196	\$228
40-44	\$169	\$198	\$139	\$162	\$232	\$270
45-49	\$211	\$247	\$174	\$203	\$290	\$337
50-54	\$259	\$302	\$213	\$249	\$356	\$413
55-59	\$302	\$351	\$248	\$290	\$414	\$481
60+	\$345	\$399	\$281	\$329	\$473	\$547

Per Adult	HSA Family				HSA Plus Family	
	\$3,400 Deductible		\$5,000 Deductible		\$2,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$67	\$78	\$58	\$67	\$105	\$122
25-29	\$75	\$88	\$65	\$75	\$117	\$137
30-34	\$88	\$102	\$74	\$87	\$136	\$159
35-39	\$105	\$121	\$89	\$104	\$162	\$189
40-44	\$123	\$144	\$106	\$122	\$192	\$225
45-49	\$155	\$180	\$132	\$154	\$241	\$280
50-54	\$189	\$221	\$161	\$188	\$295	\$343
55-59	\$221	\$257	\$188	\$219	\$343	\$401
60+	\$251	\$292	\$214	\$250	\$392	\$457
Per Child	\$56		\$48		\$87	

Per Adult	Essentials 25			
	\$1,500 Deductible		\$2,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$60	\$69	\$46	\$53
25-29	\$67	\$78	\$51	\$61
30-34	\$77	\$90	\$60	\$70
35-39	\$92	\$108	\$71	\$84
40-44	\$109	\$128	\$84	\$98
45-49	\$137	\$159	\$105	\$123
50-54	\$167	\$196	\$129	\$151
55-59	\$195	\$228	\$150	\$176
60+	\$223	\$258	\$171	\$198
Per Child	\$49		\$38	

Per Adult	Essentials 50			
	\$1,500 Deductible		\$2,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$50	\$59	\$41	\$48
25-29	\$56	\$66	\$46	\$53
30-34	\$65	\$76	\$53	\$63
35-39	\$77	\$90	\$64	\$74
40-44	\$92	\$107	\$75	\$88
45-49	\$115	\$134	\$94	\$110
50-54	\$140	\$164	\$116	\$135
55-59	\$164	\$191	\$135	\$157
60+	\$187	\$219	\$153	\$179
Per Child	\$42		\$35	

## Lifewise Health Plan of Washington

### 2005 Monthly Rates for Individual Market Plans

Rate Effective Date 8/1/2005 to 9/30/2005

Per Adult	HSA Individual				HSA Plus Individual	
	\$1,700 Deductible		\$2,500 Deductible		\$1,250 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$88	\$102	\$72	\$84	\$121	\$140
25-29	\$99	\$115	\$81	\$95	\$136	\$158
30-34	\$115	\$134	\$94	\$110	\$157	\$183
35-39	\$137	\$159	\$112	\$131	\$187	\$218
40-44	\$162	\$189	\$133	\$155	\$222	\$258
45-49	\$202	\$236	\$166	\$194	\$277	\$322
50-54	\$248	\$289	\$204	\$238	\$340	\$395
55-59	\$289	\$336	\$237	\$277	\$396	\$460
60+	\$330	\$382	\$270	\$315	\$452	\$525

Per Adult	HSA Family				HSA Plus Family	
	\$3,400 Deductible		\$5,000 Deductible		\$2,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$64	\$75	\$55	\$64	\$100	\$117
25-29	\$72	\$84	\$62	\$72	\$112	\$131
30-34	\$84	\$98	\$71	\$83	\$130	\$152
35-39	\$100	\$116	\$85	\$99	\$155	\$181
40-44	\$118	\$138	\$101	\$117	\$184	\$215
45-49	\$148	\$172	\$126	\$147	\$230	\$268
50-54	\$181	\$211	\$154	\$180	\$282	\$328
55-59	\$211	\$246	\$180	\$209	\$328	\$383
60+	\$240	\$281	\$205	\$239	\$375	\$437
Per Child	\$54		\$46		\$83	

Per Adult	Essentials 25			
	\$1,500 Deductible		\$2,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$57	\$66	\$44	\$51
25-29	\$64	\$75	\$49	\$58
30-34	\$74	\$86	\$57	\$67
35-39	\$88	\$103	\$68	\$80
40-44	\$104	\$122	\$80	\$94
45-49	\$131	\$152	\$100	\$118
50-54	\$160	\$187	\$123	\$144
55-59	\$186	\$218	\$143	\$168
60+	\$213	\$247	\$164	\$191
Per Child	\$47		\$36	

Per Adult	Essentials 50			
	\$1,500 Deductible		\$2,500 Deductible	
Age Band	Non-Smoker	Smoker	Non-Smoker	Smoker
<25	\$48	\$56	\$39	\$46
25-29	\$54	\$63	\$44	\$51
30-34	\$62	\$73	\$51	\$60
35-39	\$74	\$86	\$61	\$71
40-44	\$88	\$102	\$72	\$84
45-49	\$110	\$128	\$90	\$105
50-54	\$134	\$157	\$111	\$129
55-59	\$157	\$183	\$129	\$150
60+	\$179	\$209	\$146	\$171
Per Child	\$40		\$33	

## KPS Health Plan

### 2005 Monthly Rates for Individual Plans

Rate Effective Date 3/1/2005

Plan Name	Smoker/Non-Smoker	Child/Children	Age Band <25	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Sound Harbor Classic Five \$500 Deductible	Smoker	\$138 (Per child)	\$238	\$291	\$309	\$313	\$327	\$350	\$439	\$579	\$736
	Non-Smoker	\$138 (Per child)	\$202	\$247	\$262	\$265	\$277	\$297	\$372	\$491	\$624
Sound Harbor Classic 50/50 \$700 Deductible	Smoker	\$112 (Per child)	\$197	\$240	\$254	\$258	\$269	\$288	\$361	\$476	\$606
	Non-Smoker	\$112 (Per child)	\$164	\$200	\$212	\$215	\$224	\$240	\$301	\$397	\$505
Sound Harbor Essential Five \$1,500 Deductible	Smoker	\$73 (Per child)	\$110	\$119	\$126	\$138	\$165	\$186	\$236	\$307	\$391
	Non-Smoker	\$73 (Per child)	\$92	\$101	\$107	\$117	\$140	\$158	\$200	\$260	\$331
Sound Harbor Essential Five \$2,500 Deductible	Smoker	\$58 (Per child)	\$86	\$96	\$101	\$111	\$133	\$150	\$190	\$247	\$314
	Non-Smoker	\$58 (Per child)	\$73	\$81	\$86	\$94	\$113	\$127	\$161	\$209	\$266
Sound Harbor Essential Five \$5,000 Deductible	Smoker	\$39 (Per child)	\$59	\$65	\$68	\$74	\$90	\$101	\$129	\$168	\$212
	Non-Smoker	\$39 (Per child)	\$50	\$55	\$58	\$63	\$76	\$86	\$109	\$142	\$180

Plan Name	Smoker/Non-Smoker	Child/Children	Age Band <25	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
The Healthy Investor \$1,600 Deductible for Individual	Smoker	N/A	\$104	\$114	\$122	\$132	\$159	\$178	\$227	\$294	\$375
	Non-Smoker	N/A	\$88	\$97	\$103	\$112	\$135	\$151	\$192	\$249	\$318
The Healthy Investor \$3,200 Deductible for Family	Smoker	\$68 (Per child)	\$101	\$112	\$118	\$129	\$156	\$173	\$221	\$287	\$366
	Non-Smoker	\$68 (Per child)	\$86	\$95	\$100	\$109	\$132	\$147	\$187	\$243	\$310
The Healthy Investor \$2,600 Deductible for Individual	Smoker	N/A	\$85	\$94	\$100	\$109	\$131	\$146	\$186	\$242	\$308
	Non-Smoker	N/A	\$72	\$80	\$85	\$92	\$111	\$124	\$158	\$205	\$261
The Healthy Investor \$5,150 Deductible for Family	Smoker	\$56 (Per child)	\$80	\$89	\$94	\$101	\$123	\$138	\$176	\$228	\$289
	Non-Smoker	\$56 (Per child)	\$68	\$75	\$80	\$86	\$104	\$117	\$149	\$193	\$245

## Regence BlueShield

### 2005 Monthly Rates for Individual Plans

Rate Effective Date 1/1/2005

Plan Name	Smoker/Non-Smoker	First Child	Second + Child	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Individual Selections 2001, \$500 Deductible	Smoker	\$114	\$102	\$142	\$142	\$174	\$213	\$271	\$318	\$362	\$432	\$532
	Non-Smoker	\$114	\$102	\$128	\$128	\$158	\$186	\$233	\$271	\$309	\$377	\$453
Individual Selections 2001, \$1,000 Deductible	Smoker	\$100	\$91	\$129	\$129	\$157	\$192	\$244	\$287	\$327	\$389	\$479
	Non-Smoker	\$100	\$91	\$117	\$117	\$143	\$167	\$210	\$244	\$280	\$340	\$409
Individual Selections 2001, \$1,500 Deductible	Smoker	\$54	\$49	\$63	\$63	\$79	\$99	\$124	\$141	\$162	\$194	\$233
	Non-Smoker	\$54	\$49	\$57	\$57	\$69	\$84	\$105	\$121	\$141	\$167	\$198
Individual PPO 2002, \$750 Deductible	Smoker	\$127	\$113	\$157	\$157	\$193	\$233	\$300	\$351	\$400	\$476	\$587
	Non-Smoker	\$127	\$113	\$142	\$142	\$174	\$206	\$258	\$300	\$343	\$416	\$501
Individual PPO 2002, \$1,500 Deductible	Smoker	\$61	\$55	\$70	\$70	\$89	\$112	\$137	\$158	\$181	\$217	\$261
	Non-Smoker	\$61	\$55	\$63	\$63	\$78	\$94	\$119	\$136	\$158	\$188	\$221
Individual HSA, \$2500 Deductible for Individual	Smoker	N/A	N/A	\$74	\$74	\$93	\$118	\$144	\$166	\$189	\$228	\$274
	Non-Smoker	N/A	N/A	\$67	\$67	\$82	\$98	\$126	\$143	\$166	\$198	\$232
Individual HSA, \$5000 Deductible for Family	Smoker Subscriber or Spouse	\$51	\$50	\$59	\$59	\$74	\$93	\$114	\$133	\$151	\$181	\$218
	Non-Smoker Subscriber or Spouse	\$51	\$50	\$53	\$53	\$65	\$77	\$99	\$114	\$133	\$157	\$183

New Plans Effective Date 5/1/2005

Plan Name	Smoker/Non-Smoker	First Child	Second + Child	Age Band 0-24	Age Band 25-29	Age Band 30-34	Age Band 35-39	Age Band 40-44	Age Band 45-49	Age Band 50-54	Age Band 55-59	Age Band 60+
Individual Breakthru 80 Plan, \$500 Deductible	Smoker	\$126	\$113	\$157	\$178	\$208	\$245	\$292	\$353	\$418	\$492	\$586
	Non-Smoker	\$126	\$113	\$135	\$154	\$179	\$212	\$252	\$305	\$360	\$425	\$506
Individual Breakthru 80 Plan, \$1,500 Deductible	Smoker	\$98	\$89	\$123	\$140	\$163	\$192	\$229	\$277	\$327	\$386	\$460
	Non-Smoker	\$98	\$89	\$106	\$121	\$141	\$166	\$198	\$240	\$283	\$334	\$397
Individual Breakthru 70 Plan, \$1,000 Deductible	Smoker	\$99	\$89	\$124	\$141	\$164	\$194	\$213	\$280	\$330	\$289	\$464
	Non-Smoker	\$99	\$89	\$107	\$122	\$142	\$168	\$200	\$242	\$286	\$337	\$401
Individual Breakthru 70 Plan, \$3,000 Deductible	Smoker	\$65	\$58	\$81	\$92	\$108	\$127	\$151	\$183	\$216	\$255	\$303
	Non-Smoker	\$65	\$58	\$70	\$80	\$93	\$110	\$131	\$159	\$187	\$221	\$262
Individual Breakthru 50 Plan, \$2,500 Deductible	Smoker	\$35	\$32	\$44	\$50	\$58	\$69	\$82	\$99	\$117	\$138	\$165
	Non-Smoker	\$35	\$32	\$38	\$43	\$51	\$60	\$71	\$86	\$102	\$120	\$142
Individual Breakthru 50 Plan, \$5,000 Deductible	Smoker	\$29	\$26	\$36	\$41	\$48	\$56	\$67	\$81	\$96	\$113	\$135
	Non-Smoker	\$29	\$26	\$31	\$35	\$41	\$49	\$58	\$70	\$83	\$98	\$116